Safe Start Program Referral Form

Rev: 6-04

Fax referral to 410-676-7365

Referral Date: _____

#

CHILD INFORMATION

_____ Child's Full Name

____/____/____ Date of Birth or Due Date

____ Age

_____-_____-_____ Social Security Number

_____ Medical Assistance Number

RACE ☐ Caucasian ☐ Black/Afri Amer ☐ Asian or Pacific Islander ☐ Multiracial ☐ Hispanic ☐ Other _____

SEX ☐ Male ☐ Female

SCHOOL PROGRAM ☐ Child Find ☐ Infants & Toddlers ☐ Head Start/Early HS ☐ None ☐ PreK _____ ☐ Kindergarten _____

FAMILY COMPOSITION ☐ Two parent ☐ Single Parent – mother ☐ Single Parent - father ☐ Grandparents ☐ Other relatives ☐ Foster care ☐ Other out-of-home

PARENT/GUARDIAN INFO

_____ Primary Caretaker's Full Name

_____ Relationship to child

____/____/____ Primary Caretaker DOB

____ Age

Race of Primary Caretaker ☐ Caucasian ☐ Black/Afri Amer ☐ Asian or Pacific Islander ☐ Multiracial ☐ Hispanic ☐ Other _____

_____ Name of other Adult in the home

_____ Relationship to Primary Caretaker

_____ Street Address

(___)____-_____ Home Phone

(___)____-_____ Work Phone

_____ City ZipCode

(___)____-_____ Mobile

(___)____-_____ Pager

Is primary caretaker currently pregnant? ☐ Yes ☐ No

OTHER CHILDREN IN HOME (including siblings and non-related children)

Name	*Sex*	*Age*	*Name*	*Sex*	*Age*

Presenting Problems (Check all that apply)

☐ Behavioral/Mental Health (acting out , withdrawn etc) ☐ Domestic Violence ☐ Financial ☐ Medical problem (child)
☐ Parental/Caretaker Substance Abuse ☐ Parental/Caretaker Mental Health ☐ Other (explain below)

Describe how you would like Safe Start to help this family: _____

Referral Source

☐ Aberdeen Family Center ☐ Anna's House ☐ Big Brothers Big Sisters ☐ CSA
☐ Child Find ☐ DSS ☐ Early Head Start ☐ The Family Tree
☐ Hall's Cross roads ES ☐ Health Dept. ☐ Infants & Toddlers ☐ MRDC Head Start
☐ Open Doors ☐ Wage Connection ☐ Wilson Community Center ☐ Other: _____

Referring Person: _____ Phone Number: _____

Other Services the family has received in the past or is currently receiving

Current	*Past*	*Service*	*Agency*	*Worker*
☐	☐	Case Management		
☐	☐	Child Protective Services	Dept. of Social Services	
☐	☐	Foster Care		
☐	☐	Family Court		
☐	☐	Health Department		
☐	☐	Cash Assist./Food Stamps	Dept. of Social Services	
☐	☐	Mental Health		
☐	☐	Other		